

HSC REGULATION 400M. Hospice Methodology

HOSPICE AGENCY- means an autonomous, centrally administered, medically directed, coordinated program providing home and outpatient care for the terminally ill patient and family, and which employs an inter-disciplinary team to assist in providing palliative and supportive care to meet the special needs arising out of the physical, emotional, spiritual, social and economic stresses which are experienced during the final stages of illness and during dying and bereavement. The care shall be available twenty- four (24) hours a day, seven (7) days a week, and provided on the basis of need, regardless of the ability to pay.

HOSPICE CARE -Hospice care is defined as a public agency or private organization or subdivision or either of these that is primarily engaged in providing care to terminally ill individuals (Code of Federal Regulations, Title 42, Volume 2, Part 418).

HOSPICE FACILITY - A Hospice Facility is defined as a facility that houses hospice beds licensed exclusively to the care of terminally ill patients but not beds licensed to a hospital, nursing home or other assisted living or residential facilities. It can provide any of the four levels of hospice care. For purposes of this application, terminally ill patients are defined as those individuals with a terminal diagnosis and a prognosis of six months or less if the diagnosed condition runs its normal course.

I. Hospice Agencies

This rule regulates the establishment of new hospice agencies and the expansion of existing hospice service areas.

A. NEED

1. Numeric need for a new hospice or an expanded service area* is demonstrated if the projected number of patients eligible for hospice per calendar year is 100 or greater in the proposed service area (or expanded area). The projections for the proposed area would have to indicate a need for 100 or more after the admissions for the existing hospices for the previous calendar year have been subtracted out from the total projected hospice patients. (See Appendix A).
2. To calculate the number of projected hospice patients, the Crude Death Rate for each county from the Center for Health Statistics is divided by 100,000. The result is multiplied by the projected population by county for the year 2005. The results for both cancer and non-cancer deaths from the most recent four years available from the Center for Health Statistics 1995 to 1998 are averaged. The projected non-cancer deaths by county is multiplied by 10% and the cancer deaths by county is multiplied by 55%. The resulting total is the number of projected hospice patients for the year 2005.
3. The number of patients admitted by hospices by county of residence from the previous calendar year will be subtracted from the number of projected hospice patients. The result will be the number of patients eligible

for hospice for the year 2005. The Health Facility Services Agency will collect the number of patients admitted by each Hospice by county of residence as part of their licensing application sent out annually.

All dates contained herein will move forward one year each July 1st. The number of projected hospice patient deaths will be computed from the most recent Crude Death Rates available from the Center for Health Statistics, Arkansas Dept. of Health.

* The service area is the county.

B. EXCEPTIONS

1. In the absence of numeric need, an applicant must demonstrate that circumstances exist to justify the approval of a new hospice. The applicant must document either:
 - a. That at least 25% of the projected hospice patients in the county are not being served;
 - b. There are at least 25% of patients referred to hospices who are not being admitted within 48 hours (excluding cases where a later admission date has been requested). The applicant shall document the number of such persons.

C. PRIORITIES

The Commission shall give preference to an applicant whom:

1. Demonstrates financial support to provide cost efficient hospice care.
2. Offers documentation to prove that existing agencies are not meeting the needs of the service area population.
3. Has letters of support from Healthcare providers and state and local officials in the proposed service area.

D. Regardless of numeric need, no new hospice agency will be approved unless each hospice agency servicing the proposed service area has been licensed and operational for at least two years.

II. HOSPICE FACILITIES

This rule regulates the establishment of new hospice facilities and expansion of existing hospice facilities.

The objective of this Methodology is to ensure that an adequate supply of hospice beds are available and accessible while avoiding the proliferation of unneeded hospice facilities in the service area.

- A. APPLICATION REQUIREMENTS are based on federal guidelines including Section 1861 of the Social Security Act which states that a hospice must provide all levels of hospice care and cannot choose to only operate an in-patient facility. It must offer all levels of care including general in-patient, routine, respite and continuous care. The only eligible applicants for a Hospice Facility are those agencies that have operated a licensed Hospice Agency for at least one year prior to seeking application for a Hospice Facility.
- B. BED NEED – The calculations to determine the number of patients eligible for hospice services are the same as those found in Section I. A., and Appendix A.

The formula to determine the need for hospice beds is based on the federal allowance of 20% in-patient days and the Arkansas average of 5.6% in-patient days (5.2% general inpatient and 0.5% respite). The Arkansas average is rounded to 6%. The mean of 6% and 20% is 13%. This mean (13%) is multiplied times the number of projected hospice patients in the county to determine the county need hospice beds.

Applicants can apply for a minimum of 4 beds and a maximum of 36 beds.

Applicants who have a facility and who propose to expand: (1) can not expand to greater than the maximum number of beds per county (See Bed Need Book Appendix A) and (2) can not exceed 36 beds.

All dates contained herein will move forward one year each July 1st. The number of projected hospice patient deaths will be computed from the most recent Crude Death available from the Center for Health Statistics, Arkansas Dept. of Health and the most recent available population estimates obtainable from the US Census Bureau.

* The service area is the county

C. PRIORITIES

The Commission shall give preference to an applicant who:

1. Demonstrates financial support to provide cost efficient hospice care.
2. Has letters of support from healthcare providers and state and local officials in the proposed service area.
3. Indicate a commitment to serve patients regardless of the ability to pay.